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## \*BIBDATASHEET\*

CONFIRMATION NO. 8552

Bib Data Sheet

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|---|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/785,042  | <b>FILING OR 371(c) DATE</b><br>02/25/2004<br><b>RULE</b>   | <b>CLASS</b><br>435                | <b>GROUP ART UNIT</b><br>1657   | <b>ATTORNEY DOCKET NO.</b><br>029300.49991D2 |
| <b>APPLICANTS</b><br>Johannes Hebebrand, MARBURG/LAHN, GERMANY;<br>Jochen Antel, BAD MUENDER, GERMANY;<br>Ulf Preuschoff, LEHRTE/AHLTEN, GERMANY;<br>Samuel David, HANNOVER, GERMANY;<br>Holger Sann, HANNOVER, GERMANY;<br>Michael Weske, BURGDORF, GERMANY; |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 09/907,440 07/18/2001 PAT 6,946,243   |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                    |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/17/2004</b>  |   |                                    |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance  |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>6                     |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |   | <b>INDEPENDENT CLAIMS</b><br>2     |   |  |
| <b>ADDRESS</b><br>23911   |   |                                    |   |  |
| <b>TITLE</b><br>METHOD OF IDENTIFYING COMPOUNDS SUITABLE FOR TREATMENT AND/OR PROPHYLAXIS OF OBESITY  |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |

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